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<p>Tiivistelmä-Referat-Abstract</p> <p>The departure point of this study is Gilligan’s critique against Kohlberg’s theory of moral development. The main aim was to examine whether the proposed levels of care-based reasoning form a developmental sequence. Care and justice reasoning were studied among practical nursing, bachelor-degree social work and law enforcement students in the beginning of education (N=66) and after 2 years (N=59). Main measures were Skoe’s Ethic of Care Interview and Colby & Kohlberg et al’s Moral Judgment Interview. Participants’ real-life moral conflicts were also analyzed.</p> <p>Results showed that 34% of the participants progressed in care reasoning, and 48% in justice reasoning. Social work and nursing students progressed in care reasoning. All groups showed progress in justice reasoning. Care and justice reasoning were parallel in terms of internal consistency and regression. 5% regressed in care reasoning, compared with 3% in justice reasoning. Participants at the highest justice level also represented high-level care reasoning. Self-concept interviews involved descriptions of developmental transitions. Findings suggest that care reasoning constitutes a developmental sequence, from self-concern (Level 1) to caring for others and self-sacrifice (Level 2) to the balanced caring for self and others (Level 3). For women, age and androgynous gender role were positively related to care reasoning. At the posttest, participants at Level 3 were the most empathic and showed progress in empathy. Role taking was positively related to care reasoning for both genders, and to justice reasoning for men In real-life conflicts, the type of dilemma predicted moral orientation usage. Prosocial dilemmas pulled for care and antisocial dilemmas for justice orientation. Women with connected self-concept tended to use care orientation. Level of justice reasoning varied according to the dilemma type. Real-life care reasoning was consistent with participants’ competence, with the exception of transgression-type dilemmas at the posttest. Participants reporting temptation-type dilemmas were the least developed in care reasoning. Levels of care and justice reasoning were strongly related to each other, and were integrated in mature reasoning. Care reasoning also involved values and ethical principles related to others’ welfare. These results underscore the importance of dilemma type, and suggest that care reasoning is a significant part of real life morality.</p>			
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